



UPPER MACUNGIE TOWNSHIP

8330 Schantz Road
Breinigsville, PA 18031

Permit # _____

Date Granted _____

ACCESSORY STRUCTURE / SHED
PERMIT APPLICATION

Exact Address of Property: _____

Subdivision Name: _____ Lot No. _____ P.I.N. _____

RESIDENTIAL

COMMERCIAL/INDUSTRIAL

Zoning District: _____

Owner: _____ Phone: _____

Address: _____

CONSTRUCTION PERMIT INFORMATION Lot Size: _____ acres Height: _____

Shed Building Area: _____ sq. ft. Material Type: _____

Accessory Structure Building Area: _____ sq. ft. Material Type: _____

Construction Cost: _____ Start Date: _____ Completion Date: _____

Contractor or Person Responsible for Construction: _____
(Name, Address and Phone Number)

A site plan showing the structure location with dimensions to existing property lines have been included with this permit application.

• Who is the applicant? Owner Contractor _____
(Date)

(Applicant's Signature)

(PRINT Applicant's Name)

For Official Use ONLY	Permit Approved	Permit Denied
Active Easements: _____		Zoning Appeal: _____
Permit Conditions: _____	_____	

Zoning Official: _____		Date: _____

**ACCESSORY STRUCTURE / SHED PERMIT APPLICATION
INFORMATION SHEET**
(Zoning Permits Only)

A site plan showing the accessory structure or shed location needs to accompany application. If your house was built after 1995, there should be a **Foundation (As-Built) Location Plan** on file with the building permit for the home and this document should be used for the site plan. **If you do not have a copy we will gladly get one for you.** If As-Built Plan is not available, take 8.5" x 11" piece of paper and draw approximate location of property lines, home, driveway, other buildings or structures and the proposed accessory structure or shed's location and dimensions to the property lines.

An accessory structure or shed may not be placed in any active easement or right of way. PP&L, Buckeye Pipeline and other companies may give written permission to locate in easement or right of way depending on height and location. **It is the Applicant's responsibility to show all existing easements located on the property.**

Contractors must supply the Township with a Certificate of Insurance showing Workers' Compensation & General Liability Insurance listing Upper Macungie Township, 8330 Schantz Road, Breinigsville, PA 18031, as the certificate holder.

CALL BEFORE YOU DIG
1-800-242-1776 or 811 or www.pa811.org
3 DAYS NOTICE IS THE LAW
PA ONE-CALL SYSTEM

Shed setback is ten (10') feet from side and rear property lines, cannot be placed in front yard. All corner lots have two (2) front yards, each side of lot with street frontage. Front yard setbacks vary by Residential Zoning District from R1, R2, R3, R4, R5, RU1.5, RU3.

Final Inspection is required when the shed is complete, it is not necessary for homeowner to be present for inspection. Call Zoning Officer to schedule inspection.



UPPER MACUNGIE TOWNSHIP
8330 Schantz Rd
Breinigsville, PA 18032

(610) 395 - 4892

FAX (610) 395 - 9355

AS-BUILT (SITE PLAN) REQUEST

Date of Request: _____

Name of Requester: _____

Property Address: _____

Phone Number: _____

E-mail Address: _____

For Official Use ONLY

Date Received: _____

Permit # _____

Date Applicant Notified for Pick-Up: _____

UPPER MACUNGIE TOWNSHIP

8330 SCHANTZ ROAD
BREINIGSVILLE, PA 18031



(610) 395-4892

FAX (610) 395-9355

INSURANCE COVERAGE REQUIRED:

All Contractors performing work in Upper Macungie Township must have proof of insurance to include general liability and workers' compensation coverage.

If your policy does not include workers' compensation coverage, we will need the township's waiver form completed and notarized, the form can be notarized at Upper Macungie Township. You will need a valid form of Identification (such as driver's license). This form can be found in the licensing link on the website. This form should be included with your general liability certificate.

Upper Macungie Township must be listed as certificate holder.

Please forward a copy of your certificate to:

Upper Macungie Township
8330 Schantz Road
Breinigsville, PA 18031
Fax to 610-395-9355
Email: rcolfer@uppermac.org or sharons@uppermac.org

If you have any questions, please contact the township at 610-395-4892

Thank you,

Upper Macungie Township

UPPER MACUNGIE TOWNSHIP

8330 SCHANTZ ROAD
BREINIGSVILLE, PA 18031



(610) 395-4892

FAX (610) 395-9355

WORKERS' COMPENSATION INSURANCE COVERAGE CONTRACTORS IN ACCORDANCE WITH PA WORKERS' COMPENSATION REFORM ACT 44

Exemption:

Complete if the Applicant is a contractor claiming exemption from providing Worker Compensation Insurance.

The undersigned swears or affirms that he / she is not required to provide Workers' Compensation Insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

- **Contractor with No Employees** - Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless Contractor provides proof of insurance to Upper Macungie Township.
- **Religious Exemption** under the Workers' Compensation Law.

Print Company Name

Subscribed and sworn before me this
__ day of _____ 20 _____

Print Applicant Name

Signature of Notary Public

My Commission Expires:_____

Address

(Seal)

City/State/Zip Code

County/Municipality

Signature of Applicant